COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, AUGUST 24, 2001

MEETING LOCATION: SNAMHS

PHONE ACCESS AVAILABLE AT SRC

MINUTES

COMMISSIONERS

PRESENT: Frances Brown, MSN, MSEd. RN, Chair

David Ward, Vice Chair Eric Albers, Ph.D. John Brailsford, Ph.D.

Elizabeth Richitt, Ph.D.

ABSENT: Reno Nora, M.D.

CALL TO ORDER

Chair Fran Brown called the meeting to order at 9:18 AM.

APPROVAL OF MINUTES

MOTION: Dr. Elizabeth Richitt made a motion to approve the 6/29/01 minutes with a correction to the last page changing *Bud* Harris to *Buzz* Harris. Mr. David Ward seconded. Motion carried.

AGENDA CHANGE

Item #20, Northern Nevada Mental Health Advisory Board position paper regarding opening Medicaid contracts to LCSWs AND MFTs at non-profit accredited agencies will be postponed until the October meeting.

CRISIS CALL CENTER SUICIDE HOTLINE REPORT NO. 3

Ms. Misty Allen presented her report to the Commission. She stated more networking, as well as recruiting and training were in their future plans. She reported that they were also funded for youth, making the program more integrated. She stated that Dr. John Brailsford had referred people and had gotten good feedback. Law enforcement is utilizing the hotline as a resource for themselves. The hotline number has been difficult and has been an issue. The Crisis Call Center has been looking into an easier number. People can contact the hotline through the telephone operator and/or the police by calling 911 or 0. Ms. Allen felt that 800-suicide was a good number, but making people aware of it was a more difficult problem. Dr. Eric Albers stated that people must be willing to use the phone to begin with. The question was raised if they are able to track the use of the phone. Young people seem to want to use chat rooms on the internet. The hotline needs to find ways to reach out. Although they have a board member in Northern Nevada to send out the number, they still need more ways to network. Dr. Richitt suggested Ms. Allen talk to the phone company to reserve a number for the future. Ms. Allen has not had much success with the telephone company, even as far as rates were concerned.

ACTION: Ms. Allen would appreciate the Commission writing a letter to get their telephone rates lowered. Dr. Brandenburg and Ms. Allen will draft a letter for the Commission.

Mr. Ward asked how many volunteers the center had. Ms. Allen said that there were 60 on staff, with 30 being active. They get about 12 in a group and lose about 6. Ms. Allen is using many different resources to recruit, for example, she is offering credit for continuing education and utilizing retired citizens. Dr. Brandenburg said it used to be mandatory to volunteer for the hotline when completing one's doctorate. He asked whether or not Ms. Allen had approached the different college departments, stating that UNR and UNLV should require this as a part of their required education. Ms. Allen stated that they all seemed interested, but they don't seem to want to get the ball rolling. Students are required to take 200 hours of training and complete 50 hours of work. Dr. Albers suggested that Ms. Allen call to set up a meeting and that he would help her. Ms. Brown stated that paramedic students might be able to help too. Law enforcement called Ms. Allen. They completed the training but have not volunteered. She stated she received a letter regarding suicide prevention to attend one meeting and she sent a representative.

STATEWIDE SUICIDE MEETING FORMAT, QUESTIONNAIRE AND COMMUNITY RESOURCES

As Dr. Rena Nora was absent, the presentation would be made at the next meeting.

SUICIDE PREVENTION ADVOCACY NETWORK (SPAN) PRESENTATION

Ms. Linda Flatt, a survivor of her son's suicide, facilitator of a bereavement support group for survivors of suicide, chairman of the board for the Nevada Chapter of the American Foundation for Suicide Prevention, and a community organizer for Suicide Prevention Advocacy USA was introduced. She explained that SPAN USA is a grass roots, non-profit organization dedicated to the development and implementation of a National Strategy for Suicide Prevention. She reported that SPAN advocacy letters had been hand-delivered, for the last five years, to US Senators and Representatives on Capital Hill, in order to improve suicide prevention efforts in this country. In 1997, Senator Harry Reid joined forces with SPAN and presented Senate Resolution #84 (on 5/6/97), which called for Congressional acknowledgement of suicide as a serious public health problem in the US. SR #84 passed unanimously the day it was presented. Increased federal funding for suicide prevention followed, and in September 1998, the Suicide Prevention Research Center was established in Las Vegas at UMC. Also in 1998, House Resolution #212 passed in the House of Representatives, a Suicide Prevention Summit Meeting was held in Reno, Nevada, and a blueprint for the National Strategy was drafted. Since Nevada has the highest suicide rate in the nation, and limited resources for suicide prevention, Ms. Flatt submitted a suicide prevention resolution (mirroring SR #84) to the Nevada Legislature in the 1999 Session with the help of Nevada Senator Ann O'Connell. The resolution (SCR #11) was adopted and \$200,000 was appropriated for the expansion of a toll-free statewide suicide hotline, which was granted to the Crisis Call Center in Reno (the hotline directed by Ms. Misty Allen). Ms. Flatt incorporated SPAN in 1999 and helped organize the first AFSP survivors conference in Nevada on 11/20/99. Ms. Flatt and Senator O'Connell submitted a second resolution to the 2001 Session of the Nevada Legislature asking for an interim study of suicide in Nevada and the feasibility of the development and implementation of a statewide suicide prevention plan. SCR #3 passed in the final hours of the Session, and the interim study is supposed to be confirmed by the Legislative Commission on 9/6/01. In the meantime, federal legislation has been passed appropriating federal funding for suicide crisis lines and approving funding for youth suicide prevention programs. The purpose of a Nevada Strategy would be to create state programs that could benefit from these federal funds.

In May 2001, the US Surgeon General announced the Goals and Objectives for Action of the National Strategy for Suicide Prevention. There are over 20 states in the US working on suicide

prevention strategies, and Nevada is considered to be one of these. Dr. Brandenburg recommended that the Commission be involved in the process of development, implementation and sustaining of a Nevada Suicide Prevention Strategy in order to reduce Nevada's high suicide rates. He recommended that some of the Commissioners attend the Legislative Commission meeting to be held on 9/6/01. The Legislative Commission will appoint a study committee (made up of Nevada Senators and Assemblymen) and schedule hearings.

Terri Greenfield, another SPAN Community Organizer and survivor of her husband's suicide, attended the Commission meeting and has accompanied Ms. Flatt on four trips to Washington, D.C. where they delivered petitions and displayed the Nevada Lifekeeper Memory Quilt with Senator Reid's father's picture on it. Ms. Greenfield and Ms. Rosie Melarkey displayed the quilt for the Commission.

ACTION: There should be a report on the progress of the interim suicide prevention study at the next meeting.

OPPORTUNITY VILLAGE - FIRE DRILLS

Mr. Ed Guthrie presented information regarding the issue of fire drills. He stated that a visit and report were done at the site. Due to the Denial of Rights reports, there was expressed concern for the lack of fire drills. Opportunity Village, under the community center, does not require fire drills. However, they did have fire drills with the alarm system. The light in the alarm system caused six or more clients to have seizures. Instead of drills, they train staff concerning fire drills. Mr. Guthrie reported that Opportunity Village does conduct some fire drills, including unscheduled fire drills. They evacuated in less than three minutes during their last one. Health officials feel that people would probably drown before dying in a fire. Mr. Ward and Dr. Harold Cook stated they attended a meeting about a new fire alarm system. The alarm was very loud and caused disorientation of patients. Mr. Ward asked how they prepare for six people having seizures, and at the same time, rescue people. Opportunity Village's safety people are working on developing a plan. There are no fire drills held in the thrift stores or at Nellis where many work. Dr. Brandenburg expressed that the Commission was interested in taking every precaution to take care of clients and staff. Mr. Guthrie felt they have gone beyond the required care. Dr. Albers asked if they were fulfilling the disability requirement and he was assured that they were. The Commission might want to take the light issue to the people who set up this sort of thing to do something about the lights. Dr. Brandenburg stated that in the new hospital they had asked not to have the strobe lights, but they wouldn't change the regulations at the state fire office. They feel that is a minor problem in comparison to what could happen. Mr. Guthrie was far more concerned about care issues and getting hurt in the facilities. Dr. Brandenburg stated they could do a review of staff fire training for Quality Improvement. He also stated that they have used an air horn for fire drills, but they have trouble with this sometimes.

MENTAL HEALTH PLANNING ADVISORY COUNCIL

Mr. Andrew Zeiser presented for Ms. Alyce Thrash.

 The Council met on July 27 to finalize its FY 2002 RFP process and determine awards for the \$50,000 budgeted for consumer-focused programs. These funds will be awarded to the following organizations:

- Northern Nevada Adult Mental Health Services (NNAMHS): Canteen Employment Learning Lab
- 2. Nevada Recovery Guide: Website
- 3. Southern Nevada Mental Health Association: Consumer Education Program
- 4. NAMI Nevada: Peer-to-Peer Training Program

During the July 27 meeting, Council members expressed an interest in finding alternative means to fund the MHDS proposal for a joint retreat between the Council and the MHDS Commission. They have directed staff to first attempt to obtain funding for the retreat out of FY 2001 grant reversion funds. If this is not possible, the retreat will be built into the Council's budget for FY 2002.

- The final draft of the FY 2002 2003 Center for Mental Health Services (CMHS) Block Grant Application is being completed next week and will be submitted to CMHS by September 1, 2001. The total 2001 CMHS Block Grant award for Nevada is \$2,756,629.
- The Council is continuing plans for its second annual public reception to honor the
 achievements of Council members and create public awareness of its efforts. This year staff
 from CMHS and the National Association of Mental Health Planning and Advisory Councils
 (NAMHPAC) will be invited to attend. The reception was originally scheduled for July, but has
 been rescheduled for October to accommodate the CMHS and NAMHPAC invitees.

Dr. Albers wanted to know about this grant – it is a federal funded program from the block grant. Dr. Brandenburg replied that once the grant is submitted we will have the council come back and present their grant. Dr. Brandenburg broke down how it works. Every December an implementation plan is submitted. Dr. Brandenburg requested that after December the council be added as an agenda item for their report on implementation.

ANONYMOUS LETTER REGARDING ASSAULTIVE BEHAVIOR INTERVENTION (ABI)

Mr. Neil Crowley stated that in 1998, developmental centers identified a problem that some of the staff could not pass the ABI requirements. Dr. Brandenburg appointed a task force that came up with some recommendations. The task force did make recommendations and a staff survey was done. Agency heads submitted recommendations to Mr. Stan Dodd who will write the policy. The troubling part is on senior employees and how to grandfather them in, however, they will work on that. ABI requirements will be built into essential functions and work performance standards. Jobs could be at risk if they can't pass the ABI requirements. Dr. Brailsford asked if there was a buddy system. Mr. Crowley said they are doing this now, but sometimes there is not enough staff present. If a person can't re-certify, they may take on another type of support role. If your co-worker can't help you out in a situation, you could have major problems. It is an extremely complex problem.

ACTION: The policy will be presented to the Commission, probably in October, for discussion. Mr. Dodd will submit the policy to Dr. Brandenburg in September. A 90-day remediation will be built into this policy. They will do everything they can do keep the staff. It was noted that professional staff do not have hands-on as much as the technicians. There are various levels of training. The morale issues of this letter was discussed.

The Commission expressed concern that an employee might feel they would get in trouble if they report staff.

SALVATION ARMY AND NAMI-NEVADA'S SELECTION AS OUTREACH PARTNER FOR THE NATIONAL INSTITUTE OF MENTAL HEALTH'S (NIMH) CONSTITUENCY OUTREACH AND EDUCATION PROGRAM

Mr. Duane Sonnenberg and Mr. Vic Davis explained the NIMH Constituency Outreach and Education Program partnership with Nevada Alliance for the Mentally III. The Constituency Outreach and Education Program is a 5-year communications initiative of the National Institute of Mental Health that enlists partners in every state, the District of Columbia and Puerto Rico to help speed the translation of science into mental health services.

Dr. Brandenburg and Dr. Jim Northrop met with the Salvation Army and NAMI Nevada to make them aware of the Request for Application for this program in June of 2000. They responded to the application requests on July 31, 2000. Dr. Ole Thienhaus agreed to be the scientific advisor for the project. They were notified of their selection as the State of Nevada's Outreach Partner on October 10, 2000.

The partnership tasks include managing the partnership's work in the NIMH Constituency Outreach and Education Program, ensuring that all educational efforts are science-based and preparing contract deliverables; using print and broadcast media to promote a science-based message on mental health and mental illness, targeting the public, particularly individuals with mental disorders and family members throughout the State of Nevada; implement and outreach program to reach minority groups with science-based mental health messages throughout the State of Nevada. The current target group is the Hispanic/Latino community. Other tasks include attending all annual meetings of the NIMH Outreach Partners and participating in other scheduled trainings for technical assistance opportunities, as appropriate; conduct science-based presentations for groups that serve as gatekeepers to a special population (e.g., older adults, school aged children, rural populations and college-aged adults).

The current status on the activities this year: NAMI Nevada News Letter with Spanish language article mailed to approximately 1,400 people; attended NIMH Outreach Partner's Annual Meeting in Oakland, California; three meetings with Hispanic/Latino service providers, two meetings scheduled in September with Latin Chamber of Commerce; Community Outreach and Education Network on Mental Health Issues (COEN) established with an average attendance of 20 over the summer months; and distribution of mental health literature to agencies requesting current information.

Plan for FY 2002 include: continue community Outreach and Education Network on Mental Health Issues (COEN) breakfast meetings on the 2nd Wednesday of each month; continue NAMI Nevada newsletter with Spanish language articles; develop a network of Hispanic/Latino contacts through which science-based information on mental health and mental illness can be distributed; support mental health advocacy and conferences by providing science-based materials on mental health and mental illness; make available to mental health service providers via e-mail, the newest announcements and reports from the National Institute of Mental Health on current research and other mental health information; begin Spanish language Family to Family Education Program and conduct two 12-week sessions with families of consumers.

CHILDREN'S MENTAL HEALTH INITIATIVES

Dr. Christa Peterson reported on three programs that have been expanded. Two were for SNAMHS; three direct care staff were added. One was added to collect Medicaid and Medicare for Children that are on welfare. She discussed the phase in progress, reporting that the majority goes for children outpatients.

Among the children in the Child Welfare system in Nevada, 80% have severe emotional disturbance. We are consistent with the national average (30-37% are emotionally disturbed). This is not as high as the in general population. There has been a great deal of interest by Legislators; they wanted more focus on community-based services. Within CFMHS, over 75% of the money is spent in-house and they wanted more in the community-based serviced. DCFS received a grant for children's mental health services, in specific, to Las Vegas. They have five neighborhood care sites. They used other states to model after. There are respite services and medication included in this grant. This will be a very new model for southern Nevada. They plan to be measuring this too. They will be doing a comparison study regarding the traditional study. This involves collaboration between agencies, parents and community services. We are one of 50 states evaluating this type of system.

AGENCY REPORT FROM DCFS

Dr. Peterson referred the Commissioners to the report in their packet. Mr. Ward asked why the early childhood caseload waiting list was 104 and how long the wait was. Dr. Peterson explained that the waiting list was very long because they hadn't gotten an increase in staff for six years. Six months is probably the waiting list time. Crisis is also in a waiting list. The new programs are designed to help children in Child Protective Services. There is no waiting list in the south. The cases are triaged and it may be that they are being treated in some other area.

ACTION: Dr. Brailsford stated that while we had a waiting list, we need to have a third number to show where they are being served, rather than saying they are on waiting lists. We need to flag that they are being served or take them off this report.

Dr. Brandenburg stated that Dr. Peterson needed that waiting list. Mr. Jonathan Andrews explained that they are recruiting for Mr. Steve Shaw's vacant position. Dr. Peterson stated that once the county takes over, the state will still provide services to children, however, it has not been specifically worked out as to how the services will be provided. The primary care giver will be the county.

ACTION: As the Commission wants to know what their involvement should be, counsel will research and report at the next meeting. Dr. Brandenburg would assume that even if the county has the custody of the child, the Commission would have the same responsibility for mental health oversight. With the change from state to county, child welfare will continue to work with mental health.

Dr. Brailsford asked what was being done to cut down on the waiting list. Dr. Peterson reported that no funding would be provided this biennium. There has been an initiative wherein Mojave Mental Health is providing services. Might need to go back and look at last year's waiting list. Mr. Ward noted that the staffing is there, but seems inadequate to meet the needs. He expressed the Commission's concern.

Mojave Mental Health has no one on their waiting list. Mr. Mike Howie said they use unduplicated services in making out their reports and that is why the discrepancy in their reports. Dr. Albers said it would be nice to hear what happens to these kids. Dr. Brailsford felt if children are treated early enough, that long term problems could be eliminated, i.e., adult mental health facilities, jails, etc. It was noted that this is a nationwide problem. Some problems are identified in schools, but have trouble accessing services. Staffing appears higher because the south has three times the beds and a larger outpatient population is being treating. Staffing ratios are 1:10 to 1:15 in the south; 1:30 in the north. If a caseload is high, the effectiveness is questioned. No rural report was submitted, as they don't have children's facilities.

ACTION: It was noted that rural clinics actually do provide services to children. It was requested that in the next rural report, children's services be broken out.

ALTERNATIVES TO DISCHARGING PATIENTS TO HOMELESS SHELTERS

Dr. Cook stated that this topic came up a few meetings ago with the homeless shelter taking patients the north. Since NNAMHS was discharging to homeless shelters, they needed to know what other options were available. Dr. Cook advised that there are times when clients refuse anything. They don't want residential, shelters or whatever. Other kinds of programs they have are supported living arrangements, residential treatment programs, group homes, board and care, Project Restart and Salvation Army to provide housing and rehabilitation for special needs individuals. The parameters for getting people into those programs are, for example, treatment programs, felony records and substance abuse. RTP is chronically full. They have options based on the above. Beds and furniture will stay in the old hospital. Project Restart tried to get a facility but the City of Sparks opposed that. Mr. Ward asked if there was a possibility of using part of the old hospital for transitional homeless. The physical resources would be here, but they are having trouble getting staffing for Project Restart. It is also hard to case manage homeless folks. If people don't want to go to these places, they don't have to. Dr. Brandenburg indicated that this figure is lowering. The chronic SMI that have this attitude are people who have no trust whatsoever. We coordinate with Project Restart in working with this type of people. Even if we know they aren't coming to us, we can watch and monitor their conditions. We have more SLA's and other housing options than we've had before. Dr. Cook had a meeting with the VA and they indicated they have funding available that they can't use, but could add those funds to our money to help pay for providers. They will be exploring this in the future.

Dr. Richitt asked if the homeless clients had service coordinators routinely. Dr. Cook said they are offered routinely and they try to give clients back to their original service coordinators.

AGENCY REPORTS NNAMHS

Ms. Brown noted the large number of staff vacancies. Dr. Cook stated that NNAMHS is trying to get LPN positions (2) changed to RNs. West Hills took 3-4 of their nurses by offering them a bonus. However, he did hire their former Director of Nursing Services. Dr. Brandenburg indicated we have permission to hire at an accelerated rate for nurses, as well as social workers. They are also looking at creative scheduling for the 23 vacancies. On September 4, 2001 NNAMHS will be almost fully staffed with psychiatrists. The one opening that they will have is for the medical director. It was noted that Nevada has the lowest per capita of nurses. Dr. Albers questioned the experience that is being required. It was explained that NNAMHS does underfill positions sometimes. The Dini-Townsend Hospital will open September 12, 2001 and Dr. Brandenburg

asked everyone to come to the opening at 10 AM. Senator Townsend, Assemblyman and Speaker Emeritus Dini and the Governor or a representative of his office, will be attending. Dr. Brandenburg said it will be a nice event.

DRC

Mr. Neil Crowley presented for DRC. Most of DRC's vacancies have been accounted for. They have had some service coordinators leave, as they are moving on to better things. Mr. Ward asked what the ratios are in comparison to SRC. Mr. Crowley reported that SRC is 1:50 to 1:60, the same as DRC. Sometimes the ratios go up when we experience resignations. Branch offices will be opened in Henderson and in the west end.

LAKES CROSSING

No report.

RURAL CLINICS

Mr. Ray Kendall reported for Dr. Larry Buel. Staffing issues are still a problem for Rural Clinics, as well as clinical and service coordination issues. There seems to be a national shortage of social workers. Ely, Elko, Pahrump and Mesquite are experiencing real problems filling positions. Ely is suffering the most, due to isolation and being the only provider in that area with no other resources to back them up. There was a discussion regarding stipends for students for rural mental health in order to get some help. Other states do this. Mr. Kendall stated they have been successfully in that some educational loans will be paid for.

RRC

Dr. Marcia Bennett reported that they have had no trouble filling their vacancies.

SNAMHS

Dr. David Rosin reported they were having difficulties hiring, however, SNAMHS did recently hire a pharmacist. Regarding psychiatric coverage, he explained that the situation was critical. There are 18 FTE psychiatric slots. Of that 18, only 9 FTE psychiatrists are employed, that is a vacancy rate of 50%. Of the 9 FTE psychiatrists, three are out sick today. We therefore have six psychiatrists providing care. On July 1, 2001, the legal council for the State Board of Medical Examiners interpreted a law (that we were not aware of), which has changed our ability to hire Locum Tenens. We had a plan to fill our psychiatric shortages at SNAMHS with locums. Without any warning, we were left with only being able to use one locum tenen. We have three locums working now. The law interprets that they must qualify for a full license to work in Nevada. We had, in the past, been able to hire people on a temporary license status and there were some regulations, but we had no trouble filling those slots from the Locum's company. If a person has not been boarded in the last 10 years, they have to take an examination, which is a general medical exam, not a psychiatric exam. People who do locum work are not interested in sitting for a general medical examination. We have two psychiatrists working that will have to take the board test in general medicine. This has eliminated our locum back up. Of the three locums we currently have, two will leave in September and one will leave in October. We can only get one doctor out of all the locum companies we deal with to come here in September. We have appealed to the Board of Medical Examiners, thus far unsuccessfully, to allow us to use a limited licensure status. We are scheduled at a meeting on September 8, 2001 at their executive board to appeal for some assistance. Without some external assistance coming, counsel is not to optimistic at this point. We have a psychiatrist going to ½ time in October to become the head of

the residency program here in the south. This is reaching very critical levels. We are currently contracting with local psychiatrists at this time to try and maintain services. We have current contracts with four psychiatrists. We got here as a result of not having permanent medical leadership and there has been no recruitment on an ongoing basis. In April, we did some advertising and some other active recruiting. We have one physician that, if we did not have a contract with, we would not have been able to have the crisis unit open. Hopefully, he will get some licensure clearance and then be able to work for us. We have made several offers, one has to go to the board in November. We have a psychiatrist coming next week and we are offering another one. They will have to take tests. In October, we have one coming from the Philippines who will not be available until Spring. We also interviewed a psychiatrist from New York. We are now looking at utilizing advanced practice nurses. We are asking for Physician Assistants and advanced practice nurses. Dr. Rosin feels they could provide the needed care if we get the contracts. He said they are looking at flexible hours. Immediate relief could only come if we could use locums. Dr. Brandenburg and Dr. Rosin met with Mike Willden. Mr. Willden will talk to the Governor's legal counsel regarding the issues with this interpretation of the law. Ms. Cindy Pyzel is looking into it as well. It must be made clear the great consequences this will have on mental health. We have tried to get relief wherever we can. We might have to close clinics or not provide services. Dr. Nora called Ms. Brown in regard to this. Dr. Rosin is also researching the law regarding AB 555 to pay retirement and work. We have some local psychiatrists who might be interested in working, if they could also collect their retirement. Dr. Albers asked if SNAMHS was in jeopardy for licensing for JCAHO. Dr. Rosin said that, if necessary, we will pull staff in from our clinics to cover inpatient services. Dr. Brandenburg respectfully requested that the Commission write a letter to the Board of Medical Examiners, so that when Dr. Rosin goes before them on September 8, they have the letter in their possession.

MOTION: Mr. Ward made a motion that the Commission direct Carlos to work with Ms. Brown in developing a letter, from the Commission, to the licensing board asking for their serious consideration of relief with respect to their interpretation of locum tenens in order to provide a continuity of service to the clients in the state. Dr. Richitt seconded the motion. Motion carried.

Salary is not an issue in hiring psychiatrists according to Dr. Rosin. Pharmacists, on the other hand, are very understaffed due to salaries. Dr. Brandenburg stated they will probably do a salary survey and then go to Mr. Willden with this problem. It was noted that we had tried to get this taken care of during the last Legislative session.

As an update on our current status, Dr. Rosin said we are in the closure mode. We have filled PES and the hospital.

On the issue of Valley Hospital closing, there have been changes in the bed needs. Our projections were based on Charter Hospital closing. We had also based our projections on a new expanded PES. As a back-up plan, we were going to use one of our 20-bed units. However, we are currently housing adolescents, due to the crisis that DCFS is having. We do plan on moving our 10-bed unit into the 20-bed unit after the retrofit. We have done an analysis on the Valley Hospital closure, but since they have been open for such a short amount of time, it is difficult to do. We made a change in our emergency services because of general hospital ER beds. There was a concern that our clients where holding up emergency room beds. At that time, our census was at 60 and we could accept patients. We committed at that time to the community that we

would accept people into our setting on a 30-minute basis. This caused our census to rise. The census should be declining at this time of year rather than climbing. We have admitted people into our hospital so we could take people from the ER's. We have been operating on a divert status for the last 1½ to 2 weeks. The biggest problem seems to be the new PES not opening. The 20-bed PES and 12 special beds needs doesn't come into effect until October. July-October we are experiencing the crunch. One quick fix is that we place people in housing. We have an emergency group placement program going on. We have someone on call all the time to get people into group homes.

SRC

SRC is looking for ways to increase efficiencies. They will have new positions in October. 2.75 vacancies, they aren't sure what portion of those employees are service coordination. Dr. Richitt asked about the people with related conditions, i.e., autism and other neurological problems.

CTC

No questions.

MOJAVE MENTAL HEALTH

Mr. Howie gave a revised report on waiting lists, etc. The only major part of the report is that their new Information Management System is very modern and lets their staff know when their reports are due. They are working on interdisciplinary activities as well. Mr. Howie stated that Mojave had several of MHDS's retired psychiatrists. He stated that if there was anything Mojave could do to help, to let him know.

MHDS ADVISORY BOARDS SOUTH

The Southern Nevada Advisory Board had nothing to report.

NORTH

Ms. Kim Spoon reported that the Northern Nevada Advisory Board is still having problems with membership, stating they were down to 5 members. During the next meeting, they will concentrate on some consumers to be members. One of the issues is opening the Medicaid contract, which will be discussed at the October Commission meeting. The issue of the lack of coordinated service between NNAMHS and the VA in the north has been successfully dealt with. They requested that they be included on mailing list for the exhibits for the agenda items. They also reported they can't hear on the teleconferencing phones either.

ACTION: Dr. Kevin Crowe will research teleconferencing and video conferencing.

PUBLIC COMMENT

Mr. Curtis Lockhart wanted to meet the attorney general. He received a letter from our agency that was written on July 9, 2001 and mailed on July 19, 2001. He questioned the delay. It was explained to him that letters have to be dictated, typed, etc.

NEVADA DISABILITY ADVOCACY LAW CENTER

Nothing to report.

INFORMATIONAL

Dr. Brandenburg informed the Commission that Mr. David Ward had been reappointed as a Commissioner. New appointments include Mr. John Amundson (from Rural Nevada), he will be representing mental health and Dr. Johanna Fricke (a pediatrician from Las Vegas) will be representing physicians.

MHDS POLICY #5.026

Ms. Kathy McCormick discussed Alternative Work Schedules, indicating he Governor had issued an executive order on November 29, 2000. The Division of MHDS requires each agency director to develop and implement a policy to meet its unique workforce needs. The agencies are to assist employees, where possible, to take variable and alternative work schedules to the extent that allows them to continue fulfilling our mission at an acceptable or better level. MHDS now has drafts from all the agencies and they will probably be working on these in their Leadership and Personnel meetings. This, and a raise, is the Governor's way of trying to retain state employees.

MOTION: Mr. Ward made a motion to approve policy #5.026. Dr. Brailsford seconded. Motion carried.

UTILIZING THE SCHOOL OF MEDICINE RESIDENTS

Dr. Rosin reported the department of psychiatry graduated its last resident in 1996. NNAMHS has residents rotating that are trained and provide service. A decision was made to expand the residency program in Las Vegas. Dr. Ole Thienhaus moved to Las Vegas and is in the process of putting together a program that we will utilize. The next resident will start in 2003, and we would get a student in 2004. He feels this is a positive step in maintaining and recruiting staff. The school has two 2nd and two 3rd year residents. The VA is general medical for the 1st year. Dr. Richard Horton will be leaving SNAMHS to help set up that program. If we were JCAHO accredited, we could have other states come through our system. The legislature funds us for these positions, and that's why we get the use of residents from our schools.

MHDS 3RD QUARTER REPORT

Dr. Crowe reminded everyone that there will be a change in the report format beginning July 2002. We have been reporting case management, next time it will be the quarterly outcome measures. It was explained that PES has stabilized inpatient census trends. Dr. Crowe will be starting to work with the University on completing this reporting for the Commission.

We will go back to give a baseline on this new quarterly report formatting. We are trying to streamline data to be more useful and informational to the agency directors. Looking at the data, PES is doing its job. Dr. Brandenburg stated that there are some national data sets, which MHDS is reporting, so we will be able to report in comparison to the nation. We are looking toward uniform data nationally. This information will also be on the website: mhds.state.nv.us (look at governing boards and you will see it is under construction). We have a publication there too. Dr. Crowe will demonstrate this at next meeting if the Commissioners would like. Generally, our reports are based on demographics. MSHIP allowed us to pilot a lot of indicators. As part of this refining process, they went to agency directors to see what they needed. The indicated that would like to have words defined, outcomes, etc. We need to do a primer for them. Dr. Albers asked where the DCFS information was. Dr. Brandenburg explained they are working on getting up to speed on this, but don't have it yet. We are willing to share all of our information with them.

Dr. Richitt once again questioned related conditions. It was explained that Dr. Brandenburg had to obtain funds, therefore he needed to get a baseline to go from. Regarding the Family Preservation Program, some of their cases have been transferred to welfare. January 2002 needs will be looked at.

ACTION: Family Preservations Program needs for January 2002 information will be presented at the February Commission Meeting

REPORT FROM MHDS COMMISSIONERS/ROUND TABLE DISCUSSION

Ms. Brown distributed organ donor material regarding AB 497.

Ms. Brown asked the Commissioners to think about the priority list from the Mental Health Planning Council. It was decided that they will respond individually to the prioritization for the planning council. The Commission would like to develop an agenda of what they want to talk about in October. Dr. Brandenburg reported the Department of Human Resources received funds to do strategic planning. They have tried to bring in a group of stakeholders, but it remains to be seen what the main focus will be. The Commissioners would like to identify two to three items that they will concentrate on. They would like to invite Mr. Mike Willden to the next Commission meeting. Dr. Brandenburg said Mr. Willden would look forward to meeting with the Commissioners, if his schedule makes it possible. Since the meeting will be held in the north, Dr. Brandenburg recommends that they have dinner with Mr. Willden. The next meeting will be held NNAMHS in Sparks. The Commission wants to see a policy on seclusion/restraints on the agenda and wants the private sector and DCFS to be included. Dr. Brandenburg will write and ask for them to send their policies and procedures.

THE AGENDA FOR THE COMMISSIONER'S NEXT MEETING

Identify two or three main priorities that they will focus on for the next year.

They want to make sure that the Northern Nevada Mental Health Advisory Board position paper regarding opening Medicaid contracts to LCSWs and MFTs at non-profit accredited agencies is on the agenda.

What is being done regarding mental retardation component of education.

ACTION: Dr. Brandenburg will put on the next agenda to report back.

Policy regarding Restraints and Seclusion.

Dr. Albers likes effort toward suicide prevention.

Dr. Brailsford said that one of the parishioners of his church is a patient at our facility at this time. Dr. Brailsford wanted to say what a good job is being done. He also knew another person that had come in contact with our agency and that person was also pleased with the services they received. He wanted to express his appreciation.

Mr. Ward wanted to know what we were doing about education regarding mental retardation in regards to preventative measures.

ACTION: Dr. Brandenburg to get back to him on this item.

Motion: Dr. Brailsford made a motion to adjourn the meeting. Dr. Albers seconded the motion. Motion carried.

Respectfully submitted,

Linda Ketner Recording Secretary